View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by Elsevier - Publisher Connector

between both groups was 4,9% (p = 0.19). **CONCLUSIONS:** Self-measurement of blood pressure has demonstrated its effectiveness in the control of blood pressure in hypertensive patients at short term, although its effectiveness is reduced after some time.

PCV15

LOW GOAL ATTAINMENT IN COMMON DAILY PRACTICE AMONG PATIENTS WITH HYPERCHOLESTEROLEMIA IN THE NETHERLANDS: THE REALITY-PHARMO STUDY

Goettsch WG[1], Yin DD[2], Alemao E[2], Klungel OH[3], Stalenhoef AF[4], Herings RMC[1]
[1]PHARMO Institute, Utrecht, Netherlands; [2]Merck & Co., Inc, Whitehouse Station, NJ, USA; [3]Utrecht University, Utrecht, Netherlands; [4]University Medical Centre, Nijmegen, Netherlands

OBJECTIVES: To study the determinants and effectiveness of lipid-lowering drugs with respect to lowering of cholesterol levels in routine daily practice. **METHODS:** Setting: Patient level data were obtained for all citizens who ever lived in the period 1991–2001 in a city in the centre of the country (N = 97,500) as part of 24 cities of the PHARMO system. Data included per patient measurements of plasma lipid levels (total cholesterol, low density lipoprotein cholesterol, high density lipoprotein, triglycerides) ordered by GP's or medical specialists as well as prescribed drugs, including lipid lowering drugs. Design: A follow-up study of patients who had records of lipid levels available and either started or did not start treatment with lipid lowering drugs between January 1991 and December 2001. Included patients had at least one baseline cholesterol measurement during the six months prior to the initiation of lipid lowering drugs and at least one cholesterol measurement after initiation. For these patients, use of lipid lowering drugs and levels of cholesterol were followed for a maximum period of five years with goal attainment as endpoint. Goal attainment was defined as total cholesterol below 5.0 mmol/l. **RESULTS:** Our results indicate that only 30.2% of all treated patients achieved goals in the first year of treatment. The percentage varied from 17.7% to 41.7%, depending on dose and the prescribed statin. After the introduction of new guidelines in 1998, which advised to treat patients more aggressively, the percentage rose from 22% of those patients treated before 1998 to 42% for those in whom treatment was initiated after 1998. **CONCLUSIONS:** Although results from this study indicate that the selection of patients and the initial lipid lowering treatment for this cohort are in line with the national guidelines in the Netherlands, the percent of patients achieving guideline recommended goal is low in real-life even in patients treated with high dose statins.

CARDIOVASCULAR DISEASE—Cost Studies

PCV16

EFFECTIVENESS AND COST-EFFECTIVENESS OF THE AMBULATORY BLOOD PRESSURE MONITORING (ABPM) IN THE DIAGNOSTIC OF HYPERTENSION

Rebollo P[1], Marin R[2], Ortega F[1], Valdés C[1], Ortega T[3], Alvarez-Grande J[2]
[1]Hospital Universitario Central de Asturias and Institute "Reina Sofía" for Nephrological Research, Oviedo, Asturias, Spain; [2]Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain; [3]Hospital Central de Asturias and Institute "Reina Sofia" for Nephrological Research, Oviedo, Asturias, Spain

OBJECTIVE: To evaluate the effectiveness and cost-effectiveness of the ABPM in the diagnostic of arterial hypertension in our region during 5 years. **METHODS:** Retrospective study of 1,845 registries of ABPM (1996 to 2000). Variables: age, sex, ABPM date, previous blood pressure (BP) measured at home or at office (OBP), previous diagnostic of hypertension, BP pre-ABPM, first BP with ABPM, day, night and 24 hours BP with ABPM and later therapeutic changes and cardiovascular events. Sensitivity (Se), specificity (Sp), positive (PPV) and negative (NPV) predictive values were calculated. Avoided cardiovascular events, ABPM costs and costs by one avoided cardiovascular event were also calculated using a sample of control subjects with hypertension but without ABPM. **RESULTS:** In the whole sample the values obtained for ABPM vs OBP were: Se = 76.4%; Sp = 75%; PPV = 95.6%; NPV = 30.7%. In the group of patients with essential hypertension were 77.9%, 82.2%, 98.3%, and 21.6%. In patients with mild hypertension were 70.5%, 71.4%, 93.6%, and 29.1%. And for white-coat hypertension were 71.4%, 100% 100% and 12.8%. A therapeutic change was indicated in 42.4% of patients with essential hypertension, 100% of those with mild hypertension and 40% of patients with white-coat hypertension, when hypertension was confirmed. Therapeutic changes were also indicated in patients with no confirmation of the diagnostic: 42.8%, 16.7%, and 20% respectively. The number of cardiovascular events in the control group was 7.4%, in the patients with essential hypertension 14.9%, in mild hypertension 0% and in with white-coat hypertension was 10% (0% if therapeutic change was prescribed). The cost for one avoided cardiovascular event in the two latters was €563.11, and taking into account the mean costs of one cardiovascular event, it would be saved €3,420.96 for one avoided cardiovascular event. **CONCLUSIONS:** ABPM is a good cost-effectiveness method for mild and white-coat hypertension.